



U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FORM

FI-6499

1997 ECONOMIC CENSUS SHORT FORM

OMB No. 0607-0834: Approval Expires 12/31/99

DUE DATE ▶ **FEBRUARY 12, 1998**

This form is being sent in lieu of the regular economic census form in order to minimize reporting burden.

Please answer the questions on this form and return it in the enclosed envelope to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

FI-6499

Census use

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 ☐ Yes 2 ☐ No – Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 ☐ Yes
2 ☐ No
3 ☐ No legal boundaries
4 ☐ Do not know

c. In what type of municipality is this establishment physically located?

096 1 ☐ City, village, or borough
2 ☐ Town or township
3 ☐ Other – Specify _____
4 ☐ Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 2. KIND OF BUSINESS OR ACTIVITY

What was this establishment's PRINCIPAL kind of business or activity in 1997?

Mark (X) only ONE box.

070

Insurance agent ☐ 641110 2

Insurance broker ☐ 641110 2

Real estate agent – residential ☐ 653110 7

Pension, health, and welfare fund
asset consultant ☐ 628202 4

Pension, health, and welfare fund administrator ☐ 637130 6

Insurance appraiser ☐ 641191 2

Insurance claims processing service ☐ 641192 0

Insurance rate-making organization ☐ 641193 8

Title abstract office ☐ 654100 7

Other kind of business or activity – Describe ☐ 777777 4

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 3. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report – <i>Print or type</i>	
Telephone	Area code	Number	Extension	Title
Signature of authorized person				Date